## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mar 13, 7003 8. DOCUMENT # L01000022348 SCOFFLERON 03-13-2003 90004 017 \*\*\*\*55.00 2003 HAR | 8 PM 3: 55 1. Entity Name EAGLE ONE PROPERTIES, L.L.C. DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 229 S. TROSPECT 2. Principal Place of Business II N. LAKE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #2 4. FEI Number Applied For City & State 0597094 Not Applicable  $\nabla T_i \mathcal{D}$ CKESCENT Country USA Country USA. \$5.00 Additional ∄ี่ลแ2 5. Certificate of Status Desired るコリス Fee Required 7. Name and Address of Current Registered Agent DONOTWRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 3/11/03 TRUSI DENT FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY! MANAGING MEMBERS/MANAGERS MER.M TITLE ALBERT S. GALTON NAME 229 S. PROSPECT ST-CRESCENT City PL. 32112 STREET ADORESS CITY-ST-ZIP MGE. M TITLE BARBARA FISHER NAME STREET ADDRESS 229 S. PROSPECT ST STREET ADDRESS PRESCENT CITY PI. 32112 CITY-ST-7IP me, TITLE NAME STREET ADDRES DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAVE NAME STREET ADOR STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 407-620-5253

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP